


**MR WAIVER or DS WAIVER: "When To Submit What"**

Situation	<b><u>Minimum Required Elements On or Prior to Requested Start Date</u></b> PA Consultants will request additional information if needed to determine appropriate action. See instructions for individual forms.	Where to send / Contact Person
<b>WAITING LIST</b>		
Adding individual to the Statewide Waiting List	<ul style="list-style-type: none"> <li>Waiting List FAX cover DMH 885E 1213 (1/2008) Note: urgent or non-urgent status</li> <li>Enrollment Request DMAS 437 (4/2008)</li> <li>Signed Recipient Choice form DMAS 459C (6/2005)</li> </ul>	OMR – Central Office 804-786-8626 FAX  <i>WL confirmation returned to CSB.</i>
Removing individual from Statewide Waiting List or changing status	<ul style="list-style-type: none"> <li>Waiting List FAX cover DMH 885E 1213 (1/2008) Note: reason and date of new status</li> </ul>	OMR-Central Office 804-786-8626 FAX <i>WL confirmation returned to CSB.</i>
Quarterly CSB review of individuals on Statewide Waiting List	<ul style="list-style-type: none"> <li>CSB returns list sent by DMHMRSAS with corrections and updates. If adding someone at this time, submit documentation as explained above. <i>Do not change Date Service First Needed.</i></li> </ul>	OMR-Central Office 804-786-8626 FAX <i>WL confirmations returned to CSB</i>
<b>ENROLLMENT</b>		
Enrolling individual when CSB has a DS or MR Waiver slot	<ul style="list-style-type: none"> <li>Slot Change/New Assignment FAX cover DMH 885E 1202 (4/21/08). Note urgent criteria met if MR Waiver.</li> <li>DMAS-122 for individual who vacated slot (after appeal rights exhausted) <i>or</i> indicate use of newly allocated slot if MR Waiver.</li> <li>Enrollment Request DMAS 437 (4/2008)</li> <li>Signed Recipient Choice form DMAS 459-C (6/2005), if not previously submitted for adding to the Waiting List.</li> </ul>	OMR-Central Office 804-786-8626 FAX 804-786-9853 PHONE  <i>Approved Enrollment Request &amp; Level of Care Eligibility form returned for CM to submit, with DMAS-122, to local DSS.</i>
Services not initiated within 60 days of enrollment.	<ul style="list-style-type: none"> <li>Retain or Reassign Slot form DMH 885E 1197 R (3/05/07)* *Resubmit every 30 days if slot is still being held. Slot may be held no more than 6 months total.</li> </ul>	OMR–Resource Consultant & individual/family <i>Authorization of slot action returned.</i>
<b>PREAUTHORIZATION</b> – Requires an ISAR (Individual Service Authorization Request). Most services are preauthorized for the life of the CSP and beyond (if service levels & providers remain constant), but will be preauthorized for shorter periods if the PA Consultant deems a future review is warranted. Note services that require annual reauthorization (i.e., another ISAR).++		
Initial request for authorization of Waiver services for individual enrolled or re-enrolled.	<ul style="list-style-type: none"> <li>MR-DSW ISAR Fax Submission Form DMH 885E 1205 (4/07)</li> <li>Current Social Assessment [not required for a) Respite; b) up to 30 hours of TC]</li> <li>Plan of Care Summary DMAS 438 (7/2008)</li> <li>ISAR(s)**</li> </ul>	OMR-Assigned Preauthorization Consultant <i>ISAR returned upon VAMMIS entry. "Status of Request" form is sent when additional case management/provider action needed</i>
Decreasing a service or ending a service or provider.	<ul style="list-style-type: none"> <li>MR-DSW ISAR Fax Submission Form DMH 885E 1205 (4/07)</li> <li>Ending or decreasing ISAR with explanation   If <u>ALL</u> Waiver services end temporarily or permanently, follow 'Interruption/Extension' or 'Discharge from Waiver' as applicable               </li> </ul>	OMR-Assigned PA Consultant
Changing a service and/or provider.	<ul style="list-style-type: none"> <li>MR-DSW ISAR Fax Submission Form DMH 885E 1205 (4/07)</li> <li>Ending ISAR with explanation</li> <li>ISAR for new service and/or provider.</li> </ul>	OMR-Assigned PA Consultant
Adding a service or increasing hours or units of services	<ul style="list-style-type: none"> <li>MR-DSW ISAR Fax Submission Form DMH 885E 1205 (4/07)</li> <li>Concise narrative of individual's assessed need for the service and justification for requested units.</li> <li>ISAR</li> </ul>	OMR-Assigned PA Consultant
**Review all ISARs &/or Status of Request forms for any stipulations requiring further prior authorization or action to continue services. Re: 60 Day assessments, if no end date is specified by OMR, there is no need to request reauthorization (i.e., with another ISAR), when the full, annual plan is developed.		
++No preauthorization is necessary for initiating Targeted Case Management (TCM), ending TCM, or for annual renewals of MR Waiver services for which there are no modifications, although providers must assure CMs receive new ISPs prior to the end of the CSP year. Exceptions to automatic annual reauthorization are Assistive Technology, Environmental Modifications, Skilled Nursing, Therapeutic Consultation, PERS, Crisis Stabilization and Crisis Supervision. These require new ISARs every year utilized.		

INTERRUPTION / EXTENSION		
Individual does not receive any DS/MR Waiver services for 30 uninterrupted days.	<ul style="list-style-type: none"> <li>DMAS-122 with date &amp; reason for interruption noted.</li> </ul> <b>If DSS determines individual remains financially eligible and services resume within 60 days, services will remain authorized and no communication with OMR is needed.</b>	Local DSS  <i>DSS determines continued financial eligibility and returns DMAS 122 to CM</i>
Temporary loss of Medicaid eligibility	<ul style="list-style-type: none"> <li>Slot Change/New Assignment FAX cover DMH 885E 1202 (4/21/08)</li> <li>DMAS-122 from DSS noting temporary loss of financial eligibility.</li> </ul>	OMR – Central Office 804-786-8626 FAX <i>Temporarily closed in system.</i>
Temporary stay in ICF-MR, Nursing Facility, Psychiatric Hospital or Rehab Hospital.	<ul style="list-style-type: none"> <li>DMAS-122 with date and reason for interruption noted</li> </ul>	Local DSS
	<ul style="list-style-type: none"> <li>Slot Change/New Assignment FAX cover DMH 885E 1202 (4/21/08)</li> <li>DMAS-122 date and reason for interruption clearly noted</li> </ul>	OMR – Central Office 804-786-8626 FAX <i>Temporarily closed in system.</i>
Services not restarted within 60 days of interruption.	<ul style="list-style-type: none"> <li>DMAS-122 with date &amp; reason for interruption noted (if not previously forwarded)</li> <li>Slot Change/New Assignment FAX cover DMH 885E 1202 (4/21/08)</li> </ul>	OMR – Central Office 804-786-8626 FAX <i>Temporarily closed in system</i>
	<ul style="list-style-type: none"> <li>Retain or Reassign Slot form DMH 885E 1197 R (3/05/07)* *Resubmit every 30 days if slot is still being held.</li> </ul>	OMR–Resource Consultant & individual/family <i>Authorization of slot action returned</i>
Restart services following interruption  *If restarting following previous loss of slot, implement “Preauthorization, Initial request” section on pg. 1	<ul style="list-style-type: none"> <li>DMAS-122 with date and status clearly noted</li> </ul>	Local DSS
	<ul style="list-style-type: none"> <li>Slot Change/New Assignment FAX cover DMH 885E 1202 (4/21/08)</li> <li>DMAS-122 with date and status clearly noted</li> </ul>	OMR-Central Office 804-786-8626 FAX <i>Reopened in system</i>
	If services or providers change: <ul style="list-style-type: none"> <li>MR-DSW ISAR Fax Submission Form DMH 885E 1205 (4/07)</li> <li>ISARs</li> </ul>	OMR-Assigned PA Consultant
DISCHARGE FROM WAIVER		
Termination of all MR or DS Waiver services	<ul style="list-style-type: none"> <li>DMAS-122 with date and reason for discharge noted</li> </ul>	Local DSS
	<ul style="list-style-type: none"> <li>Slot Change FAX cover DMH 885E 1202 (4/21/08)</li> <li>DMAS-122 with date of discharge noted (If a result of termination of Medicaid eligibility by DSS, send the DMAS-122 that is returned to the Case Manager from DSS clearly indicating loss of Medicaid eligibility)</li> </ul>	OMR-Central Office 804-786-8626 FAX  <i>Closed in the system.</i>
TRANSFER OF CASE MANAGEMENT		
Transfer of SPO case management from another CSB for an individual on DS/MR Waiver	<b><i>The accepting (new) CSB sends:</i></b> <ul style="list-style-type: none"> <li>Copy of the referring CSB’s letter indicating intent to transfer case</li> <li>Plan of Care Summary DMAS 438 (7/2008)</li> <li>ISARs, if there are service amounts or provider changes</li> </ul>	OMR-Central Office 804-786-8626 FAX
	<ul style="list-style-type: none"> <li>DMAS-122s with address &amp; CM change</li> </ul>	Each CSB to local DSS
ANNUAL PLAN OF CARE SUMMARY		
Annual CSP Review for MR & DS Waiver	<ul style="list-style-type: none"> <li>Plan of Care Summary DMAS 438 (7/2008)</li> </ul>	Attn: Cheri Stierer 804-692-0077 FAX  For multiple forms at one time, MAIL: Cheri Stierer DMHMRSAS PO Box 1797 Richmond VA 23218-1797